FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400001616

1. Entity Nam	ne					
FAT DEER KEY, LIMITED						02 FEB 21 AM 11: 04
						SECRETARY OF STATE
Principal Place of Business Mailing Address						TALLAHASSEE, FLORIDA MIN
20458 OLD CUTLER ROAD P.O. BOX 143914 MIAMI FL 33189 CORAL GABLES FL 33114						
Principal Place of Business Address Address				SS		T EDBLENI ARIB SOLIN BOOK ABOK BOKK BOKK BOKK OKIN BERUL LIBES BIKEN KONG AKK KABO
Suite, Apt. #, etc.			Suite, Apt. #, et	Suite, Apt. #, etc.		DUE BY MAY 1, 2002
City & State			City & State	City & State		4. FEI Number
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent
MULLER, CHARLES E II					Name	
9350 S. DIXIE HIGHWAY, SUITE 1550					Street Addres	ss (P.O. Box Number is Not Acceptable)
MIAMI FL 33156						
					City	FL Zip Code
8. The above	named entit	y submits this statemen	t for the purpose of char	nging its registere	ed office or regis	stered agent, or both, in the State of Florida.
CICNATURE						
SIGNATURE .		or printed name of registered ag				DATE UNIT UNIT
9. Capital Co as Shown		\$2,929,725.0		of Capital Contrit IDA to date.	outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
						ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION				13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME	P94000074021 FAT DEER KEY MANAGEMENT CORP. I 20458 OLD CUTLER ROAD MIAMI FL 33189			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	**************************************
DOCUMENT # NAME	P94000074027 FAT DEER KEY MANAGEMENT CORP. II			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY	ST-ZIP	8000050275785 -03/01/02-01007-026
DOCUMENT # NAME	1 0 1 0 0 0 0 7 1 0 2 0				ET ADDRESS	****535.00 *****535.00
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	
DOCUMENT # NAME				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	
DOCUMENT #				STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	
DOCUMENT / NAME				STRE	ET ADDRESS	
Street address City-St-Zip				CITY-	ST-ZIP	
14. I hereby of indicated	ertify that the	e information supplied v				Section 119.07(3)(i), Florida Statutes. I further certify that the information

2.19.03 305.371.2902

Daytime Phone #